

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b style="font-size: 1.2em;">FEE TRANSMITTAL <b style="font-size: 1.2em;">For FY 2009		Application Number	10/519,329-Conf. #9105
		Filing Date	September 22, 2005
		First Named Inventor	Yuri Svirkin
		Examiner Name	A. C. Milligan
		Art Unit	1612
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	H0535,70016US00
TOTAL AMOUNT OF PAYMENT		(\$)	960.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number <u>23/2825</u> Deposit Account Name <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES																																													
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																										
Each claim over 20 (including Reissues)	52	26	_____																																										
Each independent claim over 3 (including Reissues)	220	110	_____																																										
Multiple dependent claims	390	195	_____																																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><u>Total Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"><u>Multiple Dependent Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">- 20 or HP = _____ x _____ = _____</td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">_____</td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">_____</td> </tr> <tr> <td colspan="7" style="padding-left: 20px;">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>				<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 20 or HP = _____ x _____ = _____							HP = highest number of total claims paid for, if greater than 20.							_____							_____							HP = highest number of independent claims paid for, if greater than 3.						
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3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____
			<u>Fees Paid (\$)</u>
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			_____
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...			405.00
1253 Extension for response within third month			555.00

SUBMITTED BY			
Signature	/Janice A. Vatland, Ph.D./	Registration No. (Attorney/Agent)	52,318
Name (Print/Type)	Janice A. Vatland, Ph.D.	Telephone	617.646.8000
		Date	December 10, 2010

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: December 10, 2010	Signature: /Eileen MacKenzie/ (Eileen MacKenzie)